



State of California  
Bill Jones  
Secretary of State

**FILED**  
In the Office of the Secretary of State  
of the State of California

APR 04 2002

*Bill Jones*  
BILL JONES, Secretary of State

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LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION			
Filing Fee \$20.00 - If Amendment, See Instructions			
IMPORTANT- Read Instructions Before Completing This Form			
1. LIMITED LIABILITY COMPANY NAME: (Do not alter if name is preprinted.) <u>Sintec Media Labs, LLC</u>			
2. SECRETARY OF STATE FILE NUMBER <u>200121210023</u>		3. STATE OR PLACE OF ORGANIZATION <u>California</u>	
4. PRINCIPAL EXECUTIVE OFFICE STREET ADDRESS <u>7108 Katella Ave, Ste #285</u> CITY <u>Stanton</u> STATE <u>Ca</u> ZIP CODE <u>90680-2803</u>			
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY) STREET ADDRESS <u>7108 Katella Ave, Ste #285</u> CITY <u>Stanton</u> STATE <u>CA</u> ZIP CODE <u>90680-2803</u>			
6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS <input checked="" type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. <input type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505. AGENT'S NAME: <u>Cameron Mirsaidi</u>			
7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL ADDRESS <u>7108 Katella Ave, Ste #285</u> CITY <u>Stanton</u> STATE <u>CA</u> ZIP CODE <u>90680</u>			
8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. <u>DVD Authoring Manufacturer</u>			
9. LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH ADDITIONAL PAGES, IF NECESSARY.			
9a. NAME <u>Cyrus Mirsaidi</u> ADDRESS <u>7108 Katella Ave, Ste 285</u> CITY <u>Stanton</u> STATE <u>Ca</u> ZIP CODE <u>90680</u>			
9b. NAME <u>Noel Saw</u> ADDRESS <u>7108 Katella Ave, Ste 285</u> CITY <u>Stanton</u> STATE <u>Ca</u> ZIP CODE <u>90680</u>			
9c. NAME <u>Gonzalo Guzman</u> ADDRESS <u>7108 Katella Ave, Ste 285</u> CITY <u>Stanton</u> STATE <u>Ca</u> ZIP CODE <u>90680</u>			
10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY NAME <u>Andrew Leos</u> ADDRESS <u>7108 Katella Ave, Ste 285</u> CITY <u>Stanton</u> STATE <u>Ca</u> ZIP CODE <u>90680</u>			
11. NUMBER OF PAGES ATTACHED, IF ANY: <u>8</u>			
12. THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE. <u>Cameron Mirsaidi</u> <u>Partner</u> <u>4-02-02</u> TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE TITLE DATE			
DUE DATE:			
SEC/STATE FORM LLC-12 (REV. 10/2001)			
APPROVED BY SECRETARY OF STATE			